

**UNIFORM APPLICATION FOR REGISTRATION OF  
VEHICLES OR DRIVEAWAY OPERATIONS OPERATED OR  
CONDUCTED UNDER AUTHORITY ISSUED BY THE  
MONTANA PUBLIC SERVICE COMMISSION**

Date \_\_\_\_\_

Applicant \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**PSC Operating Authority Number** \_\_\_\_\_  
(required)

The above applicant hereby applies for the issuance of a receipt for \_\_\_\_\_  
# of Vehicles

**(\$5.00 per vehicle)** for the registration of the vehicle(s) which the applicant intends to operate, or driveaway operations which it intends to conduct, within the borders of the State of Montana during the period for which such registration receipt is effective (January 1<sup>st</sup> through December 31<sup>st</sup> of each year). The operation of such vehicle(s), or the conduct of such driveaway operations, shall be pursuant to authority issued to the applicant by the Montana Public Service Commission. Please make checks payable to: Montana Public Service Commission.

I, the undersigned, under penalty for false statement, do hereby certify that the above information is true and correct and that I am authorized to execute and file this document on behalf of the above applicant.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Title)

(required)

**PHONE:** \_\_\_\_\_

This registration receipt is being ordered for the year of 20\_\_\_\_.

Please mail application and check to:  
Montana Public Service Commission  
1701 Prospect Avenue  
P.O. Box 202601  
Helena MT 59620-2601

**NOTE:**

**THIS FORM IS TO BE USED BY MOTOR  
CARRIERS HOLDING MONTANA INTRA-  
STATE OPERATING AUTHORITY ONLY.**